

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 6936. E 13 St		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 25 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic 110 Harrison		STREET ADDRESS (If rural, give location) 6936. E 13 St. 321 1/2	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Elmer c. (Last) Sowsley		4. DATE OF DEATH (Month) (Day) (Year) 11-20-54	
5. SEX M.	6. COLOR OR RACE Wh.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3-15-1894
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months 8 Days 5	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY O.K. American	11. BIRTHPLACE (City and State or Foreign Country) Morgan Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Waiter Sowsley	
13b. MOTHER'S MAIDEN NAME Anna Allen		14. NAME OF HUSBAND OR WIFE Georgia Howard Sowsley	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 487.07.2334	17. INFORMANT'S SIGNATURE OR NAME Mrs. Georgia Sowsley - 6936 E 13	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH 1 Da
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Decompensation 3 Da		DUE TO (c) Cardiac Tempeade-Hemopericardium 3 Da		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1, 1954, to 11-20, 1954; that I last saw the deceased alive on 11/20, 1954, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE Phillip P. Saperstein (Degree or title)	23b. ADDRESS	23c. DATE SIGNED 11/20/54
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24a. BURIAL CREMATION (REMOVAL) (Specify) Burial	24b. DATE 11/22/54	24c. NAME OF CEMETERY OR CREMATORY Hebron	24d. LOCATION (City, town, or county) (State) Near College Howard Mo
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DATE REC'D BY LOCAL REG. 11-20-54	REGISTRAR'S SIGNATURE neva munnell	25. FUNERAL DIRECTOR'S SIGNATURE John P. Shil	ADDRESS K.C. Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*John P. Sheils*

Licensed Embalmer No. *369*

P. O. Address *K.P.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.